

AMBULANCE REVENUE AND COST REPORT

GENERAL INFORMATION AND CERTIFICATION

Legal Name of Company: Rural/Metro Corporation (Yuma) CON No.: 65
DBA (Doing Business As): Rural/Metro Ambulance Service - Yuma Phone: (800) 352-2309
Financial Records Address: 8465 N. Pima Road City: Scottsdale Zip Code: 85258
Mailing Address (If Different): _____
Owner/Manager: Rural/Metro Corporation
Report Contact Person: John Karolzak Phone: (678) 615-9217 Ext. _____
Report for Period: From: January 1, 2014 To: December 31, 2014
Method of Valuing Inventory: LIFO () FIFO (X) Other (Explain):

Please attach a list of all affiliated organizations (parent/subsidiaries) that exhibit at least 5% ownership/vesting.

Rural/Metro Corporation

I hereby verify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.

I have read this report and hereby verify that the information provided is true and correct to the best of my knowledge.

This report has been prepared using the accrual basis of accounting.

Authorized Signature:



Title:

Vice President

Date:

6-29-15

Mail to:

Arizona Department of Health Services
Bureau of Emergency Medical Services and Trauma System
Certificate of Necessity and Rates Section
150 North 18th Avenue, Suite 540
Phoenix AZ 85007-3248
Telephone: (602) 364-3150
Fax: (602) 364-3567

Revised August 2013

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Yuma

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

STATISTICAL SUPPORT DATA

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS (EST.)	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) <u>TOTALS</u>
01	Number of ALS Billable Transports:	0	29	4,861	4,891
02	Number of BLS Billable Transports:	0	15	2,465	2,479
03	Number of Loaded Billable Miles:	0	831	138,330	139,161
04	Waiting Time (Hr. & Min.):	0.0	0.2	30.9	31.0
05	Cancelled (Non-billable) Runs:				2,919 *
					Number
	Volunteer Services: (OPTIONAL)				Donated Hours
06	Paramedic, EMT-I, and AEMT				0
07	Emergency Medical Technician (EMT)				0
08	Other Ambulance Attendants				0
09	Total Volunteer Hours				0

**This column reports only those runs where a contracted discount rate was applied. See page 7 to provide additional information regarding discounted contract runs.

* Number shown is total number of calls minus number of transports

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FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

STATEMENT OF INCOME

Line No.	DESCRIPTION	FROM	
Operating Revenue:			
01	Ambulance Service Routine Operating Revenue.....	Pg 3 Ln 10	<u>\$12,967,827</u>
Less:			
02	AHCCCS Settlement.....		(\$1,952,430)
03	Medicare Settlement.....		(\$2,735,008)
04	Contractual Discounts.....	Pg 7 Ln 22	(\$16,917)
05	Subscription Service Settlement.....	Pg 8 Ln 4	\$0
06	Other (Attach Schedule).....		
07	Total.....		<u>(\$4,704,356)</u>
08	Net Revenue from Ambulance Runs.....		<u>\$8,263,471</u>
09	Sales of Subscription Service Contracts.....	Pg 8 Ln 8	<u>\$55,341</u>
10	Total Operating Revenue.....		<u>\$8,318,812</u>
Ambulance Operating Expenses:			
11	Bad Debt (Includes Subscription Services Bad Debt)		\$4,044,120
12	Wages, Payroll Taxes and Employee Benefits.....	Pg 4 Ln 22	\$2,272,084
13	General and Administrative Expenses.....	Pg 5 Ln 20	\$529,493
14	Cost of Goods Sold.....	Pg 3 Ln 15	\$196,474
15	Other Operating Expenses.....	Pg 6 Ln 28	\$1,980,208
16	Interest Expense (Attach Schedule IV).....	Pg 14 CL 4 & 5 Ln 15	\$391,394
17	Subscription Service Direct Selling.....	Pg 8 Ln 23	\$0
18	Total Operating Expenses.....		<u>\$9,413,774</u>
19	Ambulance Service Income (Loss) (Ln 10 minus Ln 18)		<u>(\$1,094,962)</u>
Other Revenues/Expenses:			
20	Other Operating Revenue and (Expenses)	Pg 9 Ln 17	\$4,771
21	Non-Operating Revenue and (Expenses)		\$0
22	Non-Deductible Expenses (Attach Schedule).....		\$0
23	Total Other Revenue/Expenses.....		<u>\$4,771</u>
24	Ambulance Service Income (Loss) - Before Income taxes		<u>(\$1,090,191)</u>
Provision for Income Taxes:			
25	Federal Income Taxes.....		(\$370,665)
26	State Income Tax.....		(\$76,313)
27	Total Income Tax.....		<u>(\$446,978)</u>
28	Ambulance Service - Net income (Loss)		<u>(\$643,213)</u>

Note: See the Notes to this Statement of Income reported on ARCR page "Notes 2 Notes"

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Yuma

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

Note 1 Statement of Income data does not include amortization of Intangible Assets and does not include charges related to the closing of Rural/Metro billing offices.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Yuma

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

Non-Deductible Expenses:		
22.1	Contributions and Penalties	\$0
22.2		
22.3		
22.4		
22.5		
22.6		
22.7		
22	Total.....Page 2, Non-Deductible Expenses	\$0

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Yuma

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

ROUTINE OPERATING REVENUE

Line
No.

DESCRIPTION

Ambulance Service Routine Operating Revenue:

1	ALS Base Rate Amount	Rate	\$ (a)	x No. of Runs	4,891	=	\$ 6,173,947
		Rate		x No. of Runs		=	
2	BLS Base Rate Amount	Rate	(a)	x No. of Runs	2,479	=	\$ 3,130,170
		Rate		x No. of Runs		=	
3	Mileage Rate Amount	Rate	(a)	x No. of Billable Miles	139,161	=	\$ 3,036,572
		Rate		x No. of Billable Miles		=	
4	Waiting Charge Amount	Rate	(a)	x No. of Hours	31.0	=	\$ 9,796
		Rate		x No. of Hours		=	

(a) Ambulance Service Rates and Charges In Effect During The Year

5	Medical Supplies (Gross Charges To Patients)		\$ 617,342
6	Nurses Charges		\$ 0
7	Total		\$ 12,967,827
8	Standby Revenue (Attach Schedule)		\$ -
9	Other Ambulance Service Revenue (Attach Schedule)		\$ 0
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)		\$ 12,967,827

Cost of Goods Sold: (Medical Supplies)

11	Inventory at Beginning of Year	N/A
12	Plus Purchases	
13	Plus Other Costs	
14	Less Inventory at End of Year	N/A
15	Cost of Goods Sold (To Page 2, Line 14)	\$ 196,474 *

* The disposable medical supplies are expensed as used and are not inventoried by CON

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Yuma

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

WAGES, PAYROLL TAXES AND EMPLOYEE BENEFITS

Line No.	DESCRIPTION		No. of *F.T.E.	Amount
01	Gross Wages - OFFICERS/OWNERS (Attach Schedule I, Pg 10, Ln 7)		0.0	\$0
02	Payroll Taxes.....			\$0
03	Employee Benifits.....			\$0
04	Total.....		0.0	\$0
05	Gross Wages - MANAGEMENT (Attach Schedule II).....		1.1	\$68,503
06	Payroll Taxes.....			\$5,296
07	Employee Benifits.....			\$15,412
08	Total.....		1.1	\$89,211
Gross Wages - AMBULANCE PERSONNEL (Attach schedule II):				
		**Casual Labor	Wages	
09	Paramedic, EMT-I, and AEMT.....	\$0	21.7	750,911
10	Emergency Medical Technician (EMT).....		23.3	\$583,360
11	Nurses.....		0.0	\$0
12	Payroll Taxes.....			\$103,145
13	Employee Benifits.....			\$300,177
14	Total.....		45.0	\$1,737,593
Gross Wages - OTHER PERSONNEL (Attach Schedule II):				
15	Dispatch.....		4.9	\$162,862
16	Mechanics.....		1.2	\$45,609
17	Office and Clerical.....		1.1	\$34,745
18	Other.....		2.5	\$98,708
19	Payroll Taxes.....			\$26,432
20	Employee Benifits.....			\$76,924
21	Total.....		9.6	\$445,280
22	Total F.T.E.'s Wages, Payroll Taxes and Employee Benefits (To Page 2, Line 12).....		55.7	\$2,272,084

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080

** The sum of casual Labor (wages paid on a per run basis) + wages paid is entered in Column 2 by line item. However, when calculating FTE's, do not include casual labor hours worked or expenses incurred.

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FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

GENERAL AND ADMINISTRATIVE EXPENSES

Line

No. DESCRIPTION

Professional Services:		
01	Legal Fees	\$0
02	Collection Fees	\$64,548
03	Accounting and Auditing	\$12
04	Data Processing Fees	\$0
05	Other (Schedule Attached)	\$12,271
06	Total.....	<u>\$76,831</u>
Travel and Entertainment:		
07	Meals and Entertainment.....	\$1,839
08	Transportation - Other Company Vehicles.....	\$0
09	Travel.....	\$4,309
10	Other:	
11	Total.....	<u>\$6,148</u>
Other General and Administrative:		
12	Office Supplies.....	\$10,128
13	Postage.....	\$3,839
14	Telephone.....	\$28,513
15	Advertising.....	\$0
16	General Liability Insurance.....	\$59,356
17	Dues and Subscriptions.....	\$4,413
18 a	Other (Schedule Attached).....	\$75,691
18 b	Other: Corporate Support Services.....	\$264,573
19	Total.....	<u>\$446,514</u>
20	Total General and Administrative Expenses (To Page 2, Line 13).....	<u><u>\$529,493</u></u>

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FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

Other Professional Services:		
5.1	Public Affairs / Public Relations	\$3,083
5.2	Management & Human Resources	\$0
5.3	Medical Direction	\$0
5.4	Other (did not fit any other line item)	\$9,188
5.5		
5.6		
5.7		
5	Total.....Page 5, Other General & Administrative.	<u>\$12,271</u>

Other General and Administrative:		
18.a.1	Public Relations	\$318
18.a.2	Printing	\$7,692
18.a.3	Business Licenses & Misc Taxes	\$63,593
18.a.4	Bank Charges, Outside Claims & Miscellaneous	\$4,088
18.a.5		
18.a	Total.....Page 5, Other General & Administrative.	<u>\$75,691</u>

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AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Yuma

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

OTHER OPERATING EXPENSES

Line No.	DESCRIPTION		
	Depreciation and Amortization:		
01	Depreciation (Attach Schedule III) Ln 20 Col I Pg 13	\$243,204	
02	Amortization.....	\$0	
03	Total.....		<u>\$243,204</u>
04	Rent/Lease (Attach Schedule III Ln 20 Col K Pg 13		<u>\$320,288</u>
	Building/Station Expense:		
05	Building & Cleaning Supplies.....	\$9,398	
06	Utilities.....	\$47,887	
07	Property Taxes.....	\$3,260	
08	Property Insurance.....		
09	Repairs & Maintenance.....	\$39,007	
10	Other (Attach Schedule).....		
11	Total.....		<u>\$99,552</u>
	Vehicle Expense - Ambulance Units:		
12	Licenses / Registration.....	\$6,937	
13	Fuel.....	\$159,733	
14	General Vehicle Service & Maintenance.....	\$67,119	
15	Major Repairs.....		
16	Insurance - Service Vehicles.....	\$1,018,524	
17	Other: Tires	\$11,122	
18	Total.....		<u>\$1,263,434</u>
	Other Expenses:		
19	Dispatch.....	\$0	
20	Education / Training.....	\$1,398	
21	Uniforms & Uniform Cleaning.....		
22	Meals & Travel for Ambulance Personnel.....		
23	Maintenance Contracts.....	\$24,426	
24	Minor Equipment - Not Capitalized.....	\$27,906	
25	Ambulance Supplies - (Nonchargeable).....		
26	Other (Attach Schedule)		
27	Total.....		<u>\$53,730</u>
28	Total Other Operating Expenses (To Page 2, Line 15)		<u>\$1,980,208</u>

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FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

DETAIL OF CONTRACTUAL ALLOWANCES

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	Allowance
01					
02	BLUE CROSS BLUE SHIELD OF ARIZONA	1	1,224	30%	\$367
03	CASA DE LA LUZ HOSPICE INPATIENT UNIT	1	1,173	30%	352
04	CORNERSTONE HOSPITAL OF SOUTHEAST	15	20,023	30%	6,007
05	KINDRED HOSPITAL - TUCSON	17	22,734	30%	6,820
06	NORTHWEST MEDICAL CENTER	8	8,669	30%	2,601
07	UNITEDHEALTHCARE	2	2,567	30%	770
08					
09					
10					
11					
12					
13					
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41					
42					
43					
	ALLOWANCE TOTAL To Page 2 Line 4	44	\$56,391		\$16,917

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AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Yuma

FOR THE PERIOD **FROM:** 1/1/14 **TO:** 12/31/14

SUBSCRIPTION SERVICE REVENUE AND DIRECT SELLING EXPENSES

Line No.	DESCRIPTION	
01	Billings at Fully Established Rate (Informational Only - Detail Reported On Page 2 Line 1)	
	LESS:	
02	AHCCCS Settlement	
03	Medicare Settlement	
04	Subscription Service Settlements	
05	Subscription Service Bad Debt	
06	Total (Informational Only - Detail Reported On Page 2 Lines 2, 3 and 11)	
07	Net Revenue from Subscription Service Runs	
08	Sales of Subscription Contracts (To Page 2 Line 9)	\$55,341
09	Other Revenue (Attach Schedule)	
10	Total Subscription Service Revenue	
Direct Expenses Incurred Selling Subscription Contracts:		
11	Salaries/Wages	
12	Payroll Taxes	
13	Employee Fringe Benefits	
14	Professional Services	
15	Contract Labor	
16	Travel	
17	Other General & Administrative Expenses	
18	Depreciation/Amortization	
19	Rent/Lease	
20	Building/Station Expenses	
21	Transportation-Vehicles	
22	Other (Not Classified Above and Misc)	
23	Total Subscription Service Expenses (Informational Only - Detail Reported On Page 2, Lines 12 - 16)	

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FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

OTHER OPERATING REVENUES AND EXPENSES

Line
No.

DESCRIPTION

Other Operating Revenues:

01	Supportive Funding - Local (Attach Schedule)		
02	Grant Funds - State (Attach Schedule)		
03	Grant Funds - Federal (Attach Schedule)		
04	Grant Funds - Other (Attach Schedule)		
05	Patient Finance Charges		
06	Patient Late Payment Charges		
07	Interest Earned - Related Person/Organization		
08	Interest Earned - Other		
09	Interest Income and Miscellaneous Revenue	\$1,685	
10	Gain On Sale of Operating Property	3,086	
11	Other:		
12	Total Other Operating Revenues		<u>\$4,771</u>
	Other Operating Expenses:		
13	(Loss) On Sale of Operating Property	\$0	
14	Other:		
15	Other:		
16	Total Other Operating Expenses		<u>\$0</u>
17	Net Other Operating Revenues and Expenses (To Page 2, Line 20)		<u><u>\$4,771</u></u>

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FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

SCHEDULE I DETAIL OF SALARIES / WAGES

Officers / Owners

Line No.	Name	Title	% of Owner-ship	Manage-ment	*FTE	EMCT	*FTE	Office	*FTE	Other	*FTE	Totals	
												Wages Paid To Owners	*FTE
01	N/A		\$				\$					\$	
02													
03													
04													
05													
06													
07	Total		\$				\$					\$	N/A
												1	2

* Full - time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

1 Total wages paid to owners to Page 4 Col 2 Line 01.

2 Total FTEs to Page 4 Col 1 Line 01.

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SCHEDULE II
DETAIL OF SALARIES / WAGES

Management, Ambulance Personnel, Other Personnel

Line

No.	Detail of Salaries/Wages - Other Than Officers/Owners
-----	---

01 MANAGEMENT:

METHOD OF COMPENSATION

\$'s per

**Certification
and/or Title**

Scheduled Shifts
(i.e. 40 or 60 hours a week)

**Hourly
Wage**

Annual
Salary

Run or Shift

Various Local Management

40 Hours a week

X

x

N/A

Various Regional Management

40 Hours a week

X

X

N/A

02 AMBULANCE PERSONNEL:

Paramedic

56/50/48/40 hours/week

x

N/A

EMT

56/50/48/40 hours/week

x

N/A

Nurse

56/50/48/40 hours/week

X

N/A

03 OTHER PERSONNEL

Various Support Staff

40 Hours a week

x

x

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FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

SCHEDULE III DEPRECIATION AND / OR RENT / LEASE EXPENSES (AMBULANCE VEHICLES & ACCESSORIAL EQUIPMENT ONLY)

A	B	C	D	E	F	G	H	I	J	K
Line	Description of Property	Date Placed in Service	Business Use Percent	Basis for Depreciation	Method	Recovery Period	Deprec. Prior Years	Current Year Deprec.	Remaining Basis	Rent/Lease Amount*
01	Vehicle Rental		100%							\$0
02	Equipment Rental		100%							\$903
03										
04	Ambulances	Various	100%	\$341,547	SL	Various	\$0	\$69,758	\$257,553	
05	Accessorial Equipment	Various	100%	\$157,800	SL	Various	\$0	\$100,500	\$78,900	
06										
07										
08										
09										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20	SUBTOTAL			\$499,347				\$170,258		\$903

* Complete description of property, date placed in service, and rent/lease amount columns only.

To Pg 13
Ln 19, Col I

To Pg 13
Ln 19, Col K

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AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Yuma

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

SCHEDULE III DEPRECIATION AND / OR RENT / LEASE EXPENSES (ALL OTHER ITEMS)

A	B	C	D	E	F	G	H	I	J	K	
Line	Decription of Property	Date Placed in Service	Cost or Other Basis	Business Use Percent	Basis for Depreciation	Method	Recovery Period	Deprec. Prior Years	Current Year Deprec.	Remaining Basis	Rent/Lease Amount*
01	Rented Real Estate			100%							\$311,388
02	OH Vehicle Rental			100%							\$0
03	OH Equipment Rental			100%							\$7,997
04											
05	Other Vehicles	Various	\$2,600	100%	\$2,600	SL	Various	\$0	\$1,300	\$1,300	
06	Non-Vehicle Fixed Assets	Various	\$33,500	100%	\$33,500	SL	Various	\$0	\$13,400	\$20,100	
07											
08	OH Vehicles	Various		100%		SL	Various		\$5,979		
09	OH Non-Vehicle Fixed Assets	Various		100%		SL	Various		\$52,267		
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL (above)		\$36,100		\$36,100			\$0	\$72,946		\$319,385
19	SUBTOTAL (from Pg 12 Ln 20)		\$499,347		\$499,347				\$170,258		\$903
20	SUM of Ln 18 and 19		\$535,447		\$535,447			\$0	\$243,204		\$320,288

To Pg 6, Ln 01 To Pg 6, Ln 04

* Complete description of property, date placed in service, and rent/lease amount columns only.

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Yuma

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

Schedule IV DETAIL OF INTEREST

Line No.	Description	(1) Interest Rate	(2) Principal Balance Beg. of Period	(3) End of Period	(4) Interest Expense Related Persons or Organizations	(5) Other
<u>Service Vehicles & Accessorial Equipment</u>						
Name of payee:						
01		%	\$	\$	\$	
02						
03						
04						
<u>Communications Equipment</u>						
Name of Payee:						
05		%	\$	\$	\$	
06						
07						
<u>Other Property & Equipment</u>						
Name of Payee:						
08		%	\$	\$	\$	
09						
10						
<u>Working Capital</u>						
Name of Payee:						
11	Various - See Audited Financials	Various	In Corp Balances	\$	0	\$391,394
12						
13						
<u>Other</u>						
Name of Payee:						
14		%	\$	\$	\$	
15	TOTAL		N/A	N/A	0	\$391,394
						---- (To Pg 2, Cl 2, Ln 16) ----

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Yuma

FOR THE PERIOD

FROM: 1/1/14

TO: 12/31/14

BALANCE SHEET

(in thousands, except shares)

ASSETS

Current assets:

01	Cash and cash equivalents	\$	144
02	Restricted cash		9
03	Accounts receivable, net		865
04	Inventories		41
05	Deferred tax assets, net		185
06	Prepaid expenses and other current assets		62
07	Total current assets		<u>1,307</u>
08	Property and equipment, net		396
09	Goodwill		859
10	Intangible assets, net		1,124
11	Deposits		241
12	Deferred tax assets, net		0
13	Other assets		37
14	Total assets	\$	<u><u>3,964</u></u>

LIABILITIES AND STOCKHOLDER'S EQUITY

15	Accounts payable	\$	177
16	Accrued and other current liabilities		240
17	Deferred revenue		109
18	Deferred tax liabilities, net		0
19	Current portion of long-term debt		143
20	Total current liabilities		<u>669</u>
21	Long-term debt, net of current portion		2,116
22	Deferred tax liabilities, net		602
23	Other liabilities		227
24	Total liabilities		<u><u>3,613</u></u>
	Stockholder's equity:		
	Common stock, \$0.01 par value, 900 shares authorized,		
25	100 shares issued and outstanding		0
	Preferred stock, \$0.01 par value, 100 shares authorized,		
26	zero shares issued and outstanding		0
27	Additional paid-in capital		615
28	Accumulated other comprehensive loss		(12)
29	Accumulated deficit		(253)
30	Total stockholder's equity		<u>351</u>
31	Total liabilities and stockholder's equity	\$	<u><u>3,964</u></u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Yuma

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

STATEMENT OF CASH FLOWS

(in thousands)

Cash flows from operating activities:		
01	Net loss	\$ (253)
Adjustments to reconcile net loss to net cash used in operating activities:		
02	Depreciation and amortization	172
03	Amortization of debt issuance costs	6
04	Accretion of interest on debt	23
05	Share-based compensation expense	1
06	Loss on sale of assets and property and equipment	2
07	Impairment of property and equipment, goodwill and intangible assets	13
Change in assets and liabilities:		
08	Accounts receivable, net	(360)
09	Inventories	3
10	Prepaid expenses and other current assets	18
11	Deposits	(1)
12	Other assets	8
13	Accounts payable	(25)
14	Accrued and other current liabilities	45
15	Deferred revenue	(3)
16	Other liabilities	39
17	Net cash used in operating activities	(311)
Cash flows from investing activities:		
18	Purchase of property and equipment	(131)
19	Proceeds from the sale/disposal of property and equipment	2
20	Decrease in restricted cash	74
21	Net cash used in investing activities	(55)
Cash flows from financing activities:		
22	Borrowings on Working Capital Loan	128
23	Payments on capital leases	(4)
24	Reduction of Deposits related to Backstop Loan	2
25	Payments on Backstop Loan	(2)
26	Debt issuance costs	(18)
27	Proceeds received from Reorganized Parent's issuance of equity	138
28	Net cash provided by financing activities	244
29	Decrease in cash and cash equivalents	(122)
30	Cash and cash equivalents, beginning of period	266
31	Cash and cash equivalents, end of period	\$ 144

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Yuma

FOR THE PERIOD **FROM: 1/1/14** **TO: 12/31/14**

The Notes below apply to the preceding Ambulance Revenue and Cost Report Page 15 and Page 16.

Note 1 The preceding Ambulance Revenue and Cost Report Page 15 and Page 16 are Special Purpose Reports.

Note 2 The preceding Ambulance Revenue and Cost Report Page 15 and Page 16 Special Purpose Reports formats do not comply with generally accepted accounting principles and are not prepared using the accrual method of accounting.

Note 3 The preceding Ambulance Revenue and Cost Report Page 15 and Page 16 Special Purpose Reports are unaudited.

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